



National  
Aeronautics and  
Space  
Administration

## NASA Headquarters Automated Systems Standard Access Request

PLEASE CHECK ONE:

- ☒ CIVIL SERVANT  
☐ CONTRACTOR  
(Complete SECTION III)  
☐ OTHER  
(Complete SECTION III)

TRACKING NUMBER:

### SECTION I - TYPE OF REQUEST

1. PLEASE CHECK ONE:

- ☒ NEW USER (Permanent)      ☐ NEW USER (Temporary)      ☐ REVISION  
Start date: \_\_\_\_\_ Specify duration - FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(to current HQ access)

### SECTION II - USER INFORMATION

2. NAME (Last, First, Middle Initial)			3. USER ID (if known) (i.e., jsmith)		4. PHONE		5. FAX	
6. NASA CENTER	7. BUILDING	8. MAIL CODE	9. ROOM	10. JOB TITLE			11. CITIZENSHIP <input type="checkbox"/> US CITIZEN <input type="checkbox"/> FOREIGN NATIONAL	

### SECTION III - CONTRACT OR AGREEMENT INFORMATION

12. CONTRACT NUMBER AND EXP. DATE			13. COMPANY AND ADDRESS		
14. COTR/ SPONSOR	NAME	SIGNATURE		DATE	PHONE

### SECTION IV - ACCESS REQUESTED (Access to more than one item may be requested on a single form)

15a. STANDARD ACCOUNTS <input type="checkbox"/> CREATE NEW (New Employee Only) <input type="checkbox"/> TRANSFER ACCOUNTS From Code _____ To Code _____ (X.500 entry/user name, Eudora, Meeting Maker, Code Shared Folders, Home Folder, Shop4NASA, CCIP, TLC)		15b. DIAL IN ACCOUNT WITH TOKEN <input type="checkbox"/> TOKEN ONLY	15c. FAX SR. ACCOUNT (Outbound Only)	15d. SAMBA ACCOUNT <input type="checkbox"/> PC <input type="checkbox"/> MAC (Complete block 18)	15e. OTHER (Provide details in block 20)
16. (Provide details in block 20) <input type="checkbox"/> FUNCTIONAL ACCOUNTS Eudora: _____ Meeting Maker: _____	OWNER'S NAME	OWNER'S SIGNATURE		DATE	PHONE
17. (Provide details in block 20) <input type="checkbox"/> CODE/GROUP FOLDERS Name: _____ (Show path in block 20)	OWNER'S NAME	OWNER'S SIGNATURE		DATE	PHONE
18. (Provide details in block 20) <input type="checkbox"/> WEB SITE ADMINISTRATION Name: _____ (Show path in block 20)	OWNER'S NAME	OWNER'S SIGNATURE		DATE	PHONE
19. (Provide details in block 20) <input checked="" type="checkbox"/> APPLICATION Name: <u>Knowledge Information</u> Name: <u>Center - Code J</u>	OWNER'S NAME <u>Robert Thomas</u>	OWNER'S SIGNATURE		DATE	PHONE <u>(202) 358-2456</u>

### SECTION V - JUSTIFICATION AND ADDITIONAL INFORMATION

20. JUSTIFICATION/COMMENTS (Explain why access or revision is requested, and use to provide additional information.)

#### OTHER APPLICATION AND PERMISSIONS REQUIRED

Employee requires Work Group Member access to KIC-J.

#### JUSTIFICATION

Employee requires Work Group Member access to KIC-J to facilitate Logistics Management Program initiatives.

I understand that user IDs and passwords issued to me as a result of this request and all files residing on NASA-owned computers are the property of NASA. I will safeguard passwords for which I have access and will not allow them to be accessible by other personnel. I understand that unauthorized access to or use of the requested computer services is a violation of the law and punishable under the provisions of 18 USC 1029, 18 USC 1030, and other statutes. I also understand that my failure to adhere to NASA Headquarters system access and password policies can cause the revocation of my access to NASA Headquarters computer systems. Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code, constitutes theft, and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access to others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.

21. USER'S SIGNATURE (Must have user's signature on file. Do not sign "for" user.)

DATE

**X**

22. CODE IT POINT OF CONTACT	NAME <b>Cheryl DiLustro</b>	SIGNATURE	DATE	PHONE <b>(202) 358-1124</b>
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23. HQ INFORMATION TECHNOLOGY SECURITY REVIEW